## **PATENT**

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In re Application of: Glenn P. Vonk et al.

Serial No.: 09/881,041

Filed: June 15, 2001

For: A HEALTH OUTCOMES AND DISEASE MANAGEMENT NETWORK AND **RELATED METHOD FOR PROVIDING** 

**IMPROVED PATIENT CARE** 

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450



Case Docket No.: 39994

Patent Art Unit: 3626

Examiner: Tomaszewski, M.

Transmitted herewith is an Amendment in the above-identified application:									
	Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been established by a verified statement previously submitted.								
	A verified statement to establish small entity status under 37 C.F.R. § 1.9 and 1.27 is enclosed.								
	No additional fee is required.								
The fee has been calculated as shown below:									
	CLAIMS REMAINING	HIGHEST NO.	•	SMALL ENTITY			OTHER THAN A SMALL ENTITY		
TOT/	AFTER AMENDMENT	PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	RA <sup>-</sup>	TE	ADDIT. FEE	
TOT/		20	0	x 25 =	\$		5 x 50 =	\$ 250.00	
NDE		3	0	x 100 =	\$			\$ 200.00	
FIRST PRESENTATION OF MULT. DEP. CLAIM				+ 180 = \$ + 360 = \$					
the difference in Col. 1 is less than zero, enter "0" in Col. 2			TOTAL \$			TOTAL \$ 450.00			
$\boxtimes$									
	Please charge my Deposit Account No. 18-2220 in the amount of \$ A duplicate copy of this sheet is attached.								
$\boxtimes$	Request for Continued Examination, including the filing fee in the amount of \$790.00.								
$\boxtimes$	A check in the amount of \$2,260.00 is attached.								
$\boxtimes$	The Commissioner is hereby authorized to charge payment of the following fees associated with this								

communication or credit any overpayment to Deposit Account No. 18-2220. A duplicate copy of this

Any additional patent application processing fees under 37 C.F.R. § 1.17.

Any additional excess claim fees under 37 C.F.R. § 1.16.

Dated:

sheet is attached.

Roylance, Abrams, Berdo & Goodman, L.L.P. 1300 19th Street, N.W., Suite 600 Washington, D.C. 20036 (202) 659-9076

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